

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 02/07/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/08/2005						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	6033	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	58	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	6179	6179	0
		11	36	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404904	WESTERN HIGHLAND DS LME	8599	1799	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	1056	DUPLICATE OF CLAIM-SYSTEM	206	4832	13066	8234
		8517	534	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
3404905	TREND COMMENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8505	1341	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	777	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	3367	8027	4660
		11	622	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAMBA COUNTY ENTAL REALT	11	33	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	3	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	36	280	244
3404913	HECKLENBURG COM ENTAL REALT	8329	985	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
		8599	783	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2167	10298	8131
		11	227	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHA VIOAL REAL	11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	5	11	556	528
		23	1	SERVICE REQUIRES PRIOR APPROVAL				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404917	CENTERPOINT HUM	8599	337	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	271	CLIENT NOT ELIGIBLE ON SERVICE	193	1121	8016	6895
				DATE				
		21	135	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M	11	196	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	98	DETAIL NOT COVERED BY COMBINAT	83	537	2192	1655
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	70	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404919	GUILFORD CO MEN	8599	270	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	91	DIAGNOSIS OR SERVICE INVALID F	108	716	8098	7382
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		191	80	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404920	ALAMANCE CASHEL	8505	5974	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MHI D			NT BUDGET				
		8599	137	DETAIL NOT COVERED BY COMBINAT	13	4386	6135	1749
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	68	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C	5312	6795	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		8599	333	DETAIL NOT COVERED BY COMBINAT	75	7916	14896	6980
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	234	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	21	455	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		11	104	CLIENT NOT ELIGIBLE ON SERVICE	0	773	2006	1233
				DATE				
		8599	89	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO	11	77	CLIENT NOT ELIGIBLE ON SERVICE				
	RITY			DATE				
		8599	32	DETAIL NOT COVERED BY COMBINAT	0	162	3035	2785
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	22	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE R FOR MH/DD	21	16162	DUPLICATE OF CLAIM-SYSTEM				
		8599	1842	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	729	19698	34905	15207
		8931	400	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	3108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	539	CLIENT NOT ELIGIBLE ON SERVICE DATE	74	4188	7650	3462
		143	199	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404927	CUMBERLAND CO M HC	8599	1930	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	741	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	2864	3618	754
		8800	68	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	8329	46	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		11	24	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	138	4321	4146
		8517	19	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404930	JOHNSTON COUNTY MNTL WLTHC	8931	70	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8935	34	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	114	153	3980	3827
		8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8599	1948	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	889	CLIENT NOT ELIGIBLE ON SERVICE DATE	88	5201	57238	51651
		191	513	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	21	82	DUPLICATE OF CLAIM-SYSTEM				
		8329	73	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	22	540	7221	6681
		237	61	TOTAL BILLED DOES NOT EQUAL TH E SUM OF DETAILS BILLED.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404934	ONSLOW COUNTY B BEHAVIORAL H	21	72	DUPLICATE OF CLAIM-SYSTEM				
		11	65	CLIENT NOT ELIGIBLE ON SERVICE DATE	14	325	2861	2536
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	24	DUPLICATE OF CLAIM-SYSTEM	16	99	2234	2135
		8621	15	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404937	EDGEcombe NASH MENTL HLTH C	191	34	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8505	28	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	2	93	2703	2610
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSE	24	21	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	10	38	1466	1428
		8932	4	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	470	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	224	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	1	992	2976	1984
		11	154	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MR/DD/S AS CENTER	8599	194	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	187	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	28	697	2600	1903
		11	99	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	217	DUPLICATE OF CLAIM-SYSTEM				
		8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	40	328	2568	2240
		8931	19	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	21	582	DUPLICATE OF CLAIM-SYSTEM				
		11	67	CLIENT NOT ELIGIBLE ON SERVICE DATE	36	844	2309	1465
		191	40	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404944	EASTPOINTE HUMAN SERVICES	21	408	DUPLICATE OF CLAIM-SYSTEM				
		8599	94	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	66	658	6401	5743
		8000	61	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL				
3404946	FOOTHILLS AREA MENTAL HEALTH	21	571	DUPLICATE OF CLAIM-SYSTEM				
		8599	311	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	101	1441	9058	7617
		8517	132	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
3404957	TIDE LAND MENTAL HEALTH CTR	8599	178	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	24	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	16	218	4953	4735
		8931	8	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	8505	219	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	197	CLIENT NOT ELIGIBLE ON SERVICE DATE	10	475	1097	622
		8599	20	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				